

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9						
10		3				
11		3				
12		3				
13		3				
14		3				
15	1					
16		1				
17						
18		1				
19	1					
20	1					
21	1					
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26		7				
27		7				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		61				
TOTAL CLAIMS		65				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						